

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Stamp (Received)
JUL 13 2018
 Bayfield Co. Zoning Dept.

175 Special A? All PD
 150 Secretary 1600627
 30 Permit # 0.D.
 Date: 8.24-16
 Amount Paid: \$175
 Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE OTHER (check all that apply)

Owner's Name: Marcia Tarasewicz Mailing Address: 6691 Timber Crest Dr. Maple Grove, WI 55311 Telephone: _____

Address of Property: 78643 Bodin Rd City/State/Zip: Washburn, WI 54891 Call Phone: 612-834-5601

Contractor: none Contractor Phone: none Plumber: none Plumber Phone: none

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: none Agent Mailing Address (include City/State/Zip): none Written Authorization Attached Yes No

PROJECT LOCATION: no project PIN: (23 digits) _____ Recorded Document: (i.e. Property Ownership) _____

Gov't Lot: 1/4 Lot(s): 142 CSM: 1046 Vol & Page: 9/368 Lot(s) No.: _____ Block(s) No.: _____ Subdivision: _____

Section 21+22 Township 19 N. Range 04 W _____ Township _____ lot Size _____ Acreage _____

Shoreland Is Property/Land within 300 feet of River, Stream (find intermittent) Creek or Landward side of Floodplain? RV is 260 feet Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage no buildable area Distance Structure is from Shoreline: _____ feet

Non-Shoreland

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>5K</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input checked="" type="checkbox"/> Portable (w/service contract) <u>Self Contained</u> <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well <input type="checkbox"/> RV tank

Existing Structure: (if permit being applied for is relevant to it) Length: 36 Width: 8 Height: 12 ft

Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	() () () () () () () ()	() () () () () () () ()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	()	()
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Mobile Home (manufactured date) <u>RV 2015 Forest River wild wood lodge</u>	(41'11" x 10'9")	approx 500 sq ft
<input type="checkbox"/> Addition/Alteration (specify)	Accessory Building	()	()
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	Accessory Building Addition/Alteration (specify)	()	()
<input type="checkbox"/> Special Use: (explain)	Special Use: (explain)	()	()
<input type="checkbox"/> Conditional Use: (explain)	Conditional Use: (explain)	()	()
<input type="checkbox"/> Other: (explain)	Other: (explain)	()	()

Bayfield Co. Zoning Dept.
 FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Marcia Tarasewicz Date: _____
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____ Attach _____
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	175 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	75 Feet
Setback from the North Lot Line	150 Feet	Setback from the Bank or Bluff	160 Feet
Setback from the South Lot Line	20 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	100 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	175 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number: CTC # of bedrooms: _____ Sanitary Date: _____

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 16-0867 Permit Date: 8-24-16

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: _____ Previous Granted by Variance (B.O.A.) Case #: _____

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No ATF

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: inspected upon complaint of (owner/grower) property posted in violation. violation now abated.

Mitigation Required Mitigation Attached Yes No

Affidavit Required Affidavit Attached Yes No

Date of Inspection: 6-15-16 Inspected by: Jacobson Murphy

Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

per conditions of form RV be used for temporary residence.

Signature of Inspector: _____ Date of Approval: 8-23-16

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

MAP OF SURVEY

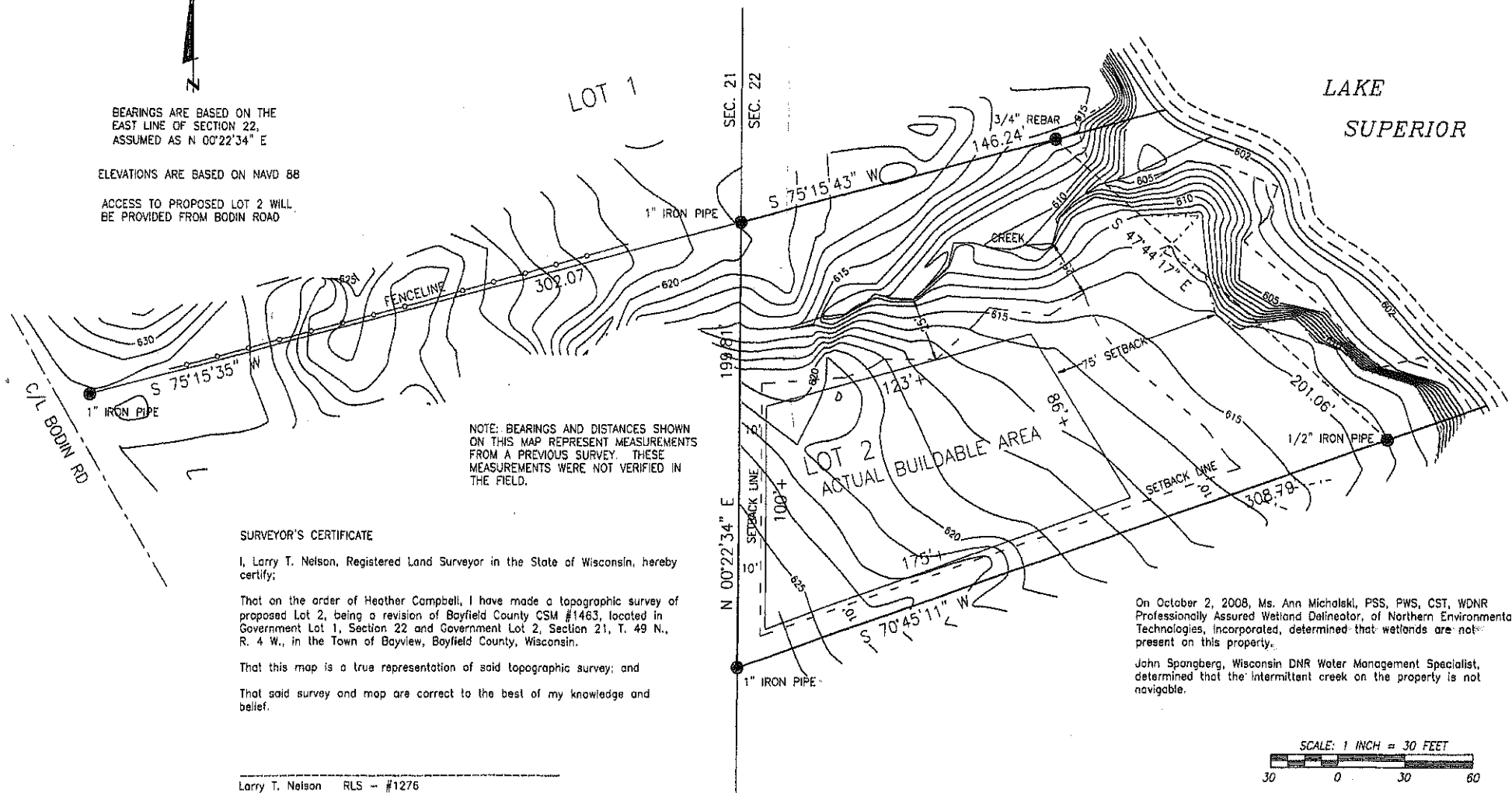
A TOPOGRAPHIC SURVEY OF PROPOSED LOT 2, BEING A REVISION OF BAYFIELD COUNTY CSM #1463, LOCATED IN GOVERNMENT LOT 1, SECTION 22, AND GOVERNMENT LOT 2, SECTION 21, T. 49 N., R. 4 W., IN THE TOWN OF BAYVIEW, BAYFIELD COUNTY, WISCONSIN.



BEARINGS ARE BASED ON THE EAST LINE OF SECTION 22, ASSUMED AS N 00°22'34" E

ELEVATIONS ARE BASED ON NAVD 88

ACCESS TO PROPOSED LOT 2 WILL BE PROVIDED FROM BODIN ROAD



NOTE: BEARINGS AND DISTANCES SHOWN ON THIS MAP REPRESENT MEASUREMENTS FROM A PREVIOUS SURVEY. THESE MEASUREMENTS WERE NOT VERIFIED IN THE FIELD.

SURVEYOR'S CERTIFICATE

I, Larry T. Nelson, Registered Land Surveyor in the State of Wisconsin, hereby certify:

That on the order of Heather Campbell, I have made a topographic survey of proposed Lot 2, being a revision of Bayfield County CSM #1463, located in Government Lot 1, Section 22 and Government Lot 2, Section 21, T. 49 N., R. 4 W., in the Town of Bayview, Bayfield County, Wisconsin.

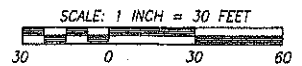
That this map is a true representation of said topographic survey; and

That said survey and map are correct to the best of my knowledge and belief.

Larry T. Nelson RLS - #1276

On October 2, 2008, Ms. Ann Michalski, PSS, PWS, CST, WDNR Professionally Assured Wetland Delineator, of Northern Environmental Technologies, Incorporated, determined that wetlands are not present on this property.

John Spangberg, Wisconsin DNR Water Management Specialist, determined that the intermittent creek on the property is not navigable.



LEGEND

- FOUND IRON MONUMENT, AS NOTED
- TOP OF BANK
- SETBACK LINES
- ORDINARY HIGH WATER LINE, BY BAYFIELD COUNTY ZONING (OCT. 10, 2008)

JOB NO.: S08_039
SCALE: 1 INCH = 30 FEET
OCTOBER 15, 2008

DRAFTED BY: P. NELSON
FILE:N/DATA/T49NR4W/SEC21/
ACAD/SNEED_2008 PSDATA/SNEED
NB. 374 PG. 58

CLIENT: HEATHER CAMPBELL

NELSON
SURVEYING
INCORPORATED

101 W. MAIN STREET
SUITE 207
ASHLAND, WISCONSIN 54806
(715) 682-2692
FAX: (715) 682-5100
MAP NO. 3764 ©

SURVEYING NORTHERN WISCONSIN SINCE 1864

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY WISCONSIN

Date Stamp (Required)

JUN 27 2016

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	16-0218
Date:	8-24-16
Amount Paid:	\$ 450.00
Refund:	CASH 6/27/2016

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: WALTER HOLZER Mailing Address: 60 Apple Glen RD City/State/Zip: Long Lake MN 55356 Telephone: 612-885-6142

Address of Property: North Passag - City/State/Zip: Bayfield WI 54814 Cell Phone:

Contractor: WALTER HOLZER Contractor Phone: 612-885-6142 Plumber: Richard P.B.C. Number Phone: (715) 373-2070

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached: Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) SW 1/4, NE 1/4 PIN: (23 digits) 04-0082-90-04-33-1 Recorded Document: (i.e. Property Ownership) Volume 1120 Page(s) 368

2 Gov't Lot 2 CSM Vol & Page Lot(s) No. 16 Block(s) No. Subdivision: Superior Viewx

Section 23, Township 50, N. Range 4, W Town of: Bayview Lot Size 73411 sq FT Acreage 1.69

Shoreland → Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? Distance Structure Is from Shoreline: feet Is Property in Floodplain Zone? Yes No Are Wetlands Present? Yes No

Non-Shoreland → Is Property/Land within 1000 feet of Lake, Pond or Flowage? If Yes—continue → Distance Structure is from Shoreline: feet Yes No

Value at Time of Completion * Include donated time & material: \$ 180,000

Project: New Construction 1-Story Seasonal 1 # of bedrooms: 1 What Type of Sewer/Sanitary System Is on the property? Municipal/City City

Addition/Alteration 1-Story + Loft Year Round 2 # of bedrooms: 2 (New) Sanitary Specify Type: Well

Conversion 2-Story Basement 3 # of bedrooms: 3 Sanitary (Exists) Specify Type:

Relocate (existing bldg) Basement 3 # of bedrooms: 3 Privy (Pit) or Vaulted (min 200 gallon) Portable (w/service contract)

Run a Business on Property Foundation None # of bedrooms: None Compost Toilet

Existing Structure: (if permit being applied for is relevant to it) Length: 80' Width: 22' Height: 16'

Proposed Construction: Length: 80' Width: 22' Height: 16'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(80 X 29) (26 X 14) (17 X 14) (26 X 29)	2,320
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) Mobile Home (manufactured date) Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/Alteration (specify) Special Use: (explain) Conditional Use: (explain) Other: (explain)	() () () () () () ()	

RECEIVED
 AUG 23 2016
 Bayfield Zoning Dept

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES. I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Walter Holzer April P. Bomar Date: 6/27/16
 (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: April P. Bomar Date: 6/27/16
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 50 Apple Glen RD Long Lake MN 55356 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Review Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please see soil evaluation report for property description.

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	200 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River Stream, Creek	Feet
Setback from the North Lot Line	80 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	45 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	80 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	220 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	65 Feet	Setback to Well	40 Feet
Setback to Drain Field	50 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number: 16-655 # of bedrooms: 1 Sanitary Date: 7-7-16
 Permit Denied (Date): Reason for Denial:

Permit #: 16-02168 Permit Date: 8-24-16

Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is (Deed of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

Granted by Variance (B.O.A.) Case #: Yes No

Was Parcel Legally Created Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: Inspection logs reviewed w/ pink ribbons + look into sketch. Soil pits dug.

Date of Inspection: 6-27-16 Inspected by: Chadwick Murphy

Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

NECESSARY VDC PERMIT + INSPECTIONS SHALL BE OBTAINED + COMPIEN WITH

Signature of Inspector: [Signature] Date of Approval: 6-28-16

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

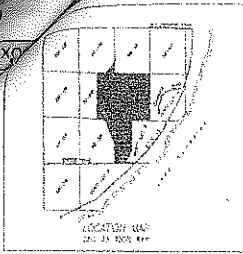
BAYFIELD COUNTY CONSERVATION SUBDIVISION

SUPERIEUR VIEUX

LOCATED IN THE NE-NW, SE-NW, SW-NE, NE-SW AND GOVT LOT 2
ALL IN SECTION 33, T. 50 N., R. 4 W., IN THE TOWN OF BAYVIEW,
BAYFIELD COUNTY, WISCONSIN.

CONDITIONAL USE PERMIT 07-0720

Page 4 of 4



- = TREE COVER AREA
- = OPEN SPACE
- = APPROXIMATE FEATURE LINE (TA 511)
- = EXISTING POWER POLE

PATRICK A. OLSEN
BAYFIELD COUNTY, WI
REGISTERED LAND SURVEYOR
NO. 042777-01-01-01-03
1210 COUNTY ROAD 8
P.O. BOX 11
BAYVIEW, WI 54814
DATE: 07/20/07

LINE NUMBER	LINE LENGTH	LINE AREA
1	100.00	100.00
2	100.00	100.00
3	100.00	100.00
4	100.00	100.00
5	100.00	100.00
6	100.00	100.00
7	100.00	100.00
8	100.00	100.00
9	100.00	100.00
10	100.00	100.00
11	100.00	100.00
12	100.00	100.00
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41	100.00	100.00
42	100.00	100.00
43	100.00	100.00
44	100.00	100.00
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47	100.00	100.00
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81	100.00	100.00
82	100.00	100.00
83	100.00	100.00
84	100.00	100.00
85	100.00	100.00
86	100.00	100.00
87	100.00	100.00
88	100.00	100.00
89	100.00	100.00
90	100.00	100.00
91	100.00	100.00
92	100.00	100.00
93	100.00	100.00
94	100.00	100.00
95	100.00	100.00
96	100.00	100.00
97	100.00	100.00
98	100.00	100.00
99	100.00	100.00
100	100.00	100.00

LINE NUMBER	LINE LENGTH	LINE AREA
1	100.00	100.00
2	100.00	100.00
3	100.00	100.00
4	100.00	100.00
5	100.00	100.00
6	100.00	100.00
7	100.00	100.00
8	100.00	100.00
9	100.00	100.00
10	100.00	100.00
11	100.00	100.00
12	100.00	100.00
13	100.00	100.00
14	100.00	100.00
15	100.00	100.00
16	100.00	100.00
17	100.00	100.00
18	100.00	100.00
19	100.00	100.00
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36	100.00	100.00
37	100.00	100.00
38	100.00	100.00
39	100.00	100.00
40	100.00	100.00
41	100.00	100.00
42	100.00	100.00
43	100.00	100.00
44	100.00	100.00
45	100.00	100.00
46	100.00	100.00
47	100.00	100.00
48	100.00	100.00
49	100.00	100.00
50	100.00	100.00
51	100.00	100.00
52	100.00	100.00
53	100.00	100.00
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61	100.00	100.00
62	100.00	100.00
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67	100.00	100.00
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84	100.00	100.00
85	100.00	100.00
86	100.00	100.00
87	100.00	100.00
88	100.00	100.00
89	100.00	100.00
90	100.00	100.00
91	100.00	100.00
92	100.00	100.00
93	100.00	100.00
94	100.00	100.00
95	100.00	100.00
96	100.00	100.00
97	100.00	100.00
98	100.00	100.00
99	100.00	100.00
100	100.00	100.00

- LEGEND: See notes on sheet 2 of 3 sheets
- = TREE COVER AREA
 - = OPEN SPACE
 - = APPROXIMATE FEATURE LINE (TA 511)
 - = EXISTING POWER POLE
- DRAWING BASED ON THE 1985
QUADRA SURVEY BY JOHN
P. H. HARRIS AND ASSOCIATES

NE-NW

SE-NW

NW-NE

SW-NE



SEE CONTINUATION SHEET 2 OF 3 SHEETS

CLIENT: Tony Diller
JOB NO: 07-0720
DATE: September 11, 2007
DRAWN BY: JAC

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